APPLICATION OF INTENT
Request for a Certificate of Registration to
Operate a Registered Marijuana Dispensary

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

APPLICATION OF INTENT
Request for a Certificate of Registration to
Operate a Registered Marijuana Dispensary

CHARLES D. BAKER
Governor

INSTRUCTIONS
KARYN E. POLITO
Lieutenant Governor

This application form is to be completed by a non-profit corporation or domestic business corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts ("applicant").

If seeking a Certificate of Registration for more than one RMD, the applicant must submit a separate Application of Intent, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an Application of Intent for more than one RMD, an applicant need only submit one Character and Competency form for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labeled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided on 8½” x 11” paper, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the Application of Intent, with all required attachments, the $1,500 application fee, and Remittance Form to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

Application fees are non-refundable and non-transferable.
REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications or updates to the submitted application materials are needed. The Department will notify the applicant whether it has met the standards necessary to be invited to submit a Management and Operations Profile.

If invited by the Department to submit a Management and Operations Profile, the applicant must submit the Management and Operations Profile within 45 days from the date of the invitation letter, or the applicant must submit a new Application of Intent and fee in order to proceed in the application process. Applicants must receive an invitation from the Department to submit a Siting Profile within 1 year of the date of submission of the Management and Operations Profile.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants must receive a Provisional Certificate of Registration from the Department within 1 year of the date of the invitation letter from the Department to submit a Siting Profile. If the applicant does not meet this deadline, the application will be considered to have expired. Should the applicant wish to proceed with obtaining a Certificate of Registration, a new application must be submitted, beginning with an Application of Intent, together with the associated fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100, as well as materials posted on the Medical Use of Marijuana Program website: www.mass.gov/medicalmarijuana.

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDapplication@state.ma.us.
CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed Application of Intent, signed by an authorized signatory of the applicant
- A copy of the applicant’s Certificate of Legal Existence (as outlined in Section B)
- A completed and signed Character and Competency form for each required actor (as outlined in Section C)
- Financial account summary(ies) (as outlined in Section D)
- A completed Remittance Form (use template provided)
- A bank or cashier’s check made payable to the Commonwealth of Massachusetts for $1,500

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: _ _ _
SECTION A. APPLICANT INFORMATION

1. Legal name of Applicant Corporation

The Leonard J. Irving Center, Inc.

2. Mailing address of Applicant Corporation (Street, City/Town, Zip Code)

81 West Street, Suite 2112 Attleboro, MA 02703

3. Applicant Corporation’s point of contact (the person the Department should contact regarding this application)

Thomas Leonard

4. Point of contact’s telephone number

508-615-5584

5. Point of contact’s e-mail address

tomleonard@comcast.net

6. Number of applications: How many Applications of Intent does the applicant intend to submit?

1

SECTION B. INCORPORATION

7. Attach a Certificate of Legal Existence from the Massachusetts Secretary of the Commonwealth, documenting that the applicant is incorporated as a non-profit corporation or domestic business corporation in Massachusetts.

SECTION C. CHARACTER AND COMPETENCY

8. Attach a completed and signed Character and Competency form (use template provided) for each required actor (as outlined in the Character and Competency form).
SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the applicant has at least $500,000 in its control and available for this Application of Intent and at least $400,000 in its control and available for each additional Application of Intent, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the applicant, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a one-page financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the Application of Intent was submitted to the Department.

<table>
<thead>
<tr>
<th>Name on Account</th>
<th>Financial Institution</th>
<th>Type of Account</th>
<th>Amount</th>
<th>Signature of Account Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Leonard</td>
<td>Charles Schwab /</td>
<td>Schwab One Trust</td>
<td>$1,104,469</td>
<td></td>
</tr>
<tr>
<td>&amp; Jenn Leonard</td>
<td>Capital Wealth</td>
<td>Mgmt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: _______.
ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.

Signature of Authorized Signatory 10/13/2017

I, the authorized signatory for the applicant, hereby attest that if the applicant is allowed to proceed to submit a Management and Operations Profile, the applicant is prepared to pay a non-refundable application fee of $30,000 and the cost of all required background checks, and comply with all Management and Operations Profile and Siting Profile requirements.

Signature of Authorized Signatory 10/13/2017

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here:          

Thomas J. Leonard
Print Name of Authorized Signatory

Chief Executive Officer, Board Member
Title of Authorized Signatory
I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority.

Thomas J. Leonard
Print Name of Authorized Signatory

__________________________
Signature of Authorized Signatory 10/13/2017 Date Signed

Chief Executive Officer, Board member
Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: __________
Change in Account Value

Starting Value

Ending Value on 09/30/2017
   Accrued income
Ending Value with Accrued Income

Total Change in Account Value:
   Including Deposits and Withdrawals
   Including Deposits, Withdrawals, and
   Accrued Income

Asset Composition

Market Value

Total Account Value

$1,104,469.55

Year to Date

Account Value ($) Over Last 12 Months [in Thousands]

$1,104,469.55

$104,825.01
THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 13, 2017 03:21 PM

[Signature]

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth
Corporations Division

Business Entity Summary

ID Number: 001294707

Summary for: THE LEONARD J. IRVING CENTER, INC.

| The exact name of the Nonprofit Corporation: | THE LEONARD J. IRVING CENTER, INC. |
| Entity type: | Nonprofit Corporation |
| Identification Number: | 001294707 |
| Date of Organization in Massachusetts: | 10-13-2017 |
| Current Fiscal Month/Day: | 12/31 |
| The location of the Principal Office in Massachusetts: | 81 WEST STREET - SUITE 2112, ATTLEBORO, MA 02703 USA |
| The name and address of the Resident Agent: | ASHLEY DRISCOLL, 71 TANAGER ROAD, ATTLEBORO, MA 02703 USA |
| The Officers and Directors of the Corporation: |

<table>
<thead>
<tr>
<th>Title</th>
<th>Individual Name</th>
<th>Address</th>
<th>Term expire</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>THOMAS LEONARD</td>
<td></td>
<td>02-01-2018</td>
</tr>
<tr>
<td>TREASURER</td>
<td>ASHLEY DRISCOLL</td>
<td></td>
<td>02-01-2018</td>
</tr>
<tr>
<td>CLERK</td>
<td>JOHN IRVING</td>
<td></td>
<td>02-01-2018</td>
</tr>
</tbody>
</table>
The exact name of the corporation is: 

THE LEONARD J. IRVING CENTER, INC.

The purpose of the corporation is to engage in the following business activities:

TO EDUCATE THE PUBLIC AS TO ALTERNATIVE MEDICAL TREATMENTS, TO CONDUCT SUCH OTHER ACTIVITIES AND PROGRAMS IN FURTHERANCE OF THE FOREGOING PURPOSES AS MAY BE CARRIED OUT BY A CORPORATION ORGANIZED UNDER MASSACHUSETTS GENERAL LAWS CHAPTER 180.

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointment, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

N/A

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

(If there are no provisions state "NONE")

N/A

Notes: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth, if a later effective date is desired, specify such date which shall not be more than thirty days after the
ARTICLE VII

The information contained in Article VII is not a permanent part of the Articles of Organization.

a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is:

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City or Town</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 WEST STREET - SUITE 2112</td>
<td>ATTLEBORO</td>
<td>MA</td>
<td>02703</td>
<td>USA</td>
</tr>
</tbody>
</table>

b. The name, residential street address and post office address of each director and officer of the corporation is as follows:

<table>
<thead>
<tr>
<th>Title</th>
<th>Individual Name</th>
<th>Address (no P.O. Box)</th>
<th>Expiration Of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>THOMAS LEONARD</td>
<td></td>
<td>February 1, 2018</td>
</tr>
<tr>
<td>TREASURER</td>
<td>ASHLEY DRISCOLL</td>
<td></td>
<td>February 1, 2018</td>
</tr>
<tr>
<td>CLERK</td>
<td>JOHN IRVING</td>
<td></td>
<td>February 1, 2018</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>THOMAS LEONARD</td>
<td></td>
<td>February 1, 2016</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>ASHLEY DRISCOLL</td>
<td></td>
<td>February 1, 2016</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JOHN IRVING</td>
<td></td>
<td>February 1, 2016</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JOE BLANCHARD</td>
<td></td>
<td>February 1, 2016</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>RAY LAMBERT</td>
<td></td>
<td>February 1, 2016</td>
</tr>
</tbody>
</table>

C. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of: December

D. The name and business address of the resident agent, if any, of the business entity is:

<table>
<thead>
<tr>
<th>Name</th>
<th>No. and Street</th>
<th>City or Town</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHLEY DRISCOLL</td>
<td>71 TANAGER ROAD</td>
<td>ATTLEBORO</td>
<td>MA</td>
<td>02703</td>
<td>USA</td>
</tr>
</tbody>
</table>
I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain:

IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address (es) beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 180 and do hereby sign these Articles of Organization as incorporator(s) this 13 Day of October, 2017. (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

THOMAS LEONARD 36 HILLER DRIVE SEEKONK, MA 02771